

REQUEST LETTER FROM PROSPECTIVE EMPLOYER TO MSDH

Ms. Perelia Taylor
Division Director
Office of Primary Care Liaison
Mississippi State Department of Health
Post Office Box 1700
Jackson, MS 39215-1700

Dear Ms. Taylor:

Provide correspondence on the employer's official letterhead stationery, to include the practice address, phone number and FAX number, if any.

The letter must also INCLUDE THE FOLLOWING:

1. A complete description of the program or activity in which the foreign-trained provider will be engaged, and proposed office hours available to the community.
2. Name of doctor and medical specialty; name and location of last educational/training program where provider obtained degree; and country of origin.
3. Complete address of practice location(s) including street address, city and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
4. Certification that the facility or practice where the J-1 physician will work must have been operational at least six (6) months. Evidence should include the business license and occupancy permit and staffing list.
5. Attach signed copies of "ARC Federal Co-Chair's J-1 Visa Waiver Policy" and "Mississippi's J-1 Visa Waiver Guidelines", as signed by sponsor and prospective provider (see items D and I). Signed copies indicate that you have read and understand the requirements of the J-1 physician's waiver service commitment, including the ARC J-1 Visa Waiver Policy Affidavit and Agreement, and that the employer will structure the J-1 physician's practice so as to facilitate the J-1's compliance with these requirements.